which is putting available services hay-wire;

(c) if not, whether Government propose to do so; and

(d) whether Government have any national lever plan to tackle the problem?

THE! MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE (SHRI RAMAKANT D. KHALAP): (a) Yes Sir,

(b) and (c) Government is aware of the magnitude of the problem. Considering the over-crowding in the Central Government hospitals, steps are taken from time to time to augment the existing facilities.

(d) 'Health' being a State subject, it is the responsibility of State Government to provide medical facilities in the respective States, Keeping in view the felt needs of the people and availability of funds. As regards Delhi, the Government of NCT of Delhi propose to open one 500 bedded and eight 100 bedded hospitals in the periphery of Delhi.

स्मृति और अध्ययन क्षमताएं बढ़ाने के लिए आयुर्वेदिक औषधियों का प्रभावोत्पादकता

3271. **श्री अजीत जोगी**: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या स्मृति और अध्ययन क्षमताएं बढ़ाने के लिए आयुर्वेदिक औषधियों की प्रभावोत्पादकता के संबंध में कोई अध्ययन कराया गया है

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) इसके क्या परिणाम निकले हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री सलीम इकबाल शेरवानी): (क) जी, हां। इस संबंध में कुछ अध्ययन केन्द्रीय अनुवाद आयुर्वेद और सिद्ध अनुसंधान में किए गए हैं।

(ख) इसके ब्यौरे नीचे दिए गए हैं:

I. आयुष्पान I/III एक संहिताबद्ध औषधि है, की नियंत्रित नैदानिक जांच मानसिक रूप से मंद बुद्धि वाले बच्चों में करायी गयी है।

II. सामान्य आयु के व्यक्तियों में मेध्य रसावन के रूप में ब्राहमी, ज्योतिषमती, शंखपुष्पी और ग्रजना के मिश्रण का मूल्पांकन भी किया गया है।

(घ) आयुध्यान I/III संबंधी अध्ययन से नान वर बल मेंटल एज में प्लेसबो की तुलना में सांख्पिकीय रूप से उल्लेखनीय वृद्धि का पता चला है। नियंत्रण समूह में केवल 21-2 महीनों के अध्ययन की तुलना में एक वर्षीय अध्ययन में नान वरबल मेंन्टल एज में 71-2 महीनों की उल्लेखनीय वृद्धि का पता प्रायागिक समूह से चला।

उपर्युक्त (ख) II में उल्लिखित मेध्य रसायन का जांच कार्य अभी चल रहा है।

Blood Banks as Transmitters of AIDS

3272. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned "Blood banks-transmitters of AIDS" as reported in the Hindustan Times dated 20th January, 1997;

(b) if so, whether blood banks in country are responsible for the spread of AIDS in the country;

(c) if so, whether Government propose to examine the functioning of the various blood banks in this regard; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HELATH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) Yes Sir.

(b) As per reports available, the HIV transmission by transfusion of blood and blood products ranges between 6-8 per cent.

(c) and (d) Drug and Cosmetics Act/ Rules provides for mandatory testing of blood for Human immuno-Deficiency Virus (HIV). This is being monitored by Drugs Controller General (India) and State Food and Drug Administration Dapartmcnts through inspection of blood

banks for grant/renewal of licence.

Eradication of Kala Azar la Bihar and West Bengal

3273. SHRI S.S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that Kala Azar is still a major health hazard and killer disease in Bihar and West Bengal;

(b) if so, what was the impact of this disease in these two States during the last three years, Year-wise, State-wise; and

(c) steps Government have taken or propose to take for the eradication of Kala Azar in Bihar and West Bengal?

THE MINISTER OF STATE OF THE MINISTRY OF HELATH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) The Government is aware of the Kala Azar situtation in Bihar and West Bengal.

(b) The incidence of Kala Azar during the last 3 years in Bihar and West Bengal as reported by the State Governments are as under:—

	1994		1995		1996 (Provisional)	
State Bihar	Cases	Deaths	Cases	Deaths	Cases	Deaths
West Bengal	24391	379 3	21045	259	24665	666 11
	1149		1552	18		
			vc	1520		

(c) A Centrally Sponsore Kala azar Control Programme on a cost sharing basis between the Centre and the States is in operation in Bihar and West Bengal.

Strategies under the Programme include:—

—Interruption of transquission through Vector Control by Undertaking residual spraying in the affected areas

—Early diagnosis and complete treatment through Primary Health Care System;

—Health Education and Community participation.

Low Priority of Bums Ward in Government Hospital

3274. PROF. RAM KAPSE : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned 'Low priority to Burns ward' in the Hindustran Times dated 8th November, 1996;

(b) if so, the reasons for giving low priority to Burns Ward in Government Hospitals; and

(c) the steps taken to improve the prevalent situation in the Burns Ward of various Government Hospitals particularly RML and Safdarjung Hospitals?

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE (SHRI RAMAKANT D. KHALAP): (a) Yes, Sir.

(b) and (c) In Central Government hospitals namely, Dr. R.M.L. Hospital and Safdarjang Hospital, the Burns ward is not given low priority. The Government has in fact given taken several steps for upgrading the Burns Ward of Safdarjang Hospital such as sanctioning procurement of essential equipments; creation of posts of various categories; and sanctioning of various civil/electrical works; renovation